

JAW FUNCTION and TRISMUS

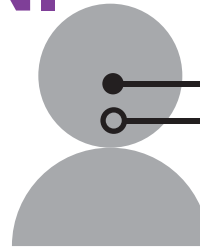
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with Head & Neck Cancer

Trismus is COMMON.

32%-50% of all Head & Neck Cancer patients will develop trismus.



62%-85%
TRISMUS
incidence
with NPC.

54% TRISMUS
incidence with OPC.

Trismus LOWERS QUALITY-OF-LIFE.

TRISMUS Complications: Reduced oral hygiene; Dental decay; Disrupted cancer/dental care; Compromised airway; Inhibited speech; Joint degradation; Reduced social interaction; Dehydration malnutrition.

Trismus is PREVENTABLE.



72%
MORE ORAL OPENING
with PREVENTATIVE
REHABILITATION¹³.

68% LESS TRISMUS in
patients with EARLY
REHABILITATION²².

"Rehabilitation training can IMPROVE SWALLOW FUNCTION and SLOW DOWN PROGRESS OF TRISMUS in NPC patients following radiotherapy." Tang¹³

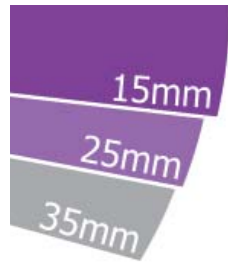
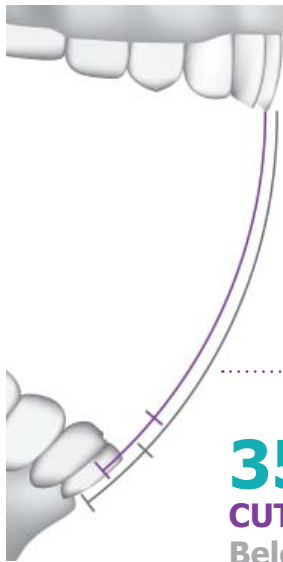
Trismus is TREATABLE.

Rehab Devices like the ORASTRETCH PRESS can INCREASE mouth opening by an average 26mm.



Trismus DIAGNOSIS

Three-Finger Basic Diagnostic



Severe

Moderate

Mild

SEVERE
 < 1 Finger

Mild to Mod
 1-2 Fingers

> 3 Fingers
 "Normal" MIO

Pointer Finger

Middle Finger
 Non-Dominant Hand

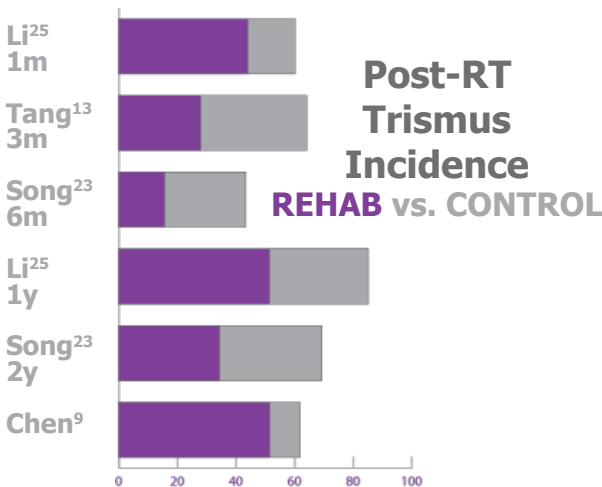
Ring Finger

35mm is the clinical **CUT-OFF** for adult **TRISMUS**. Below 35mm MIO patients lose function.^{14, 15}

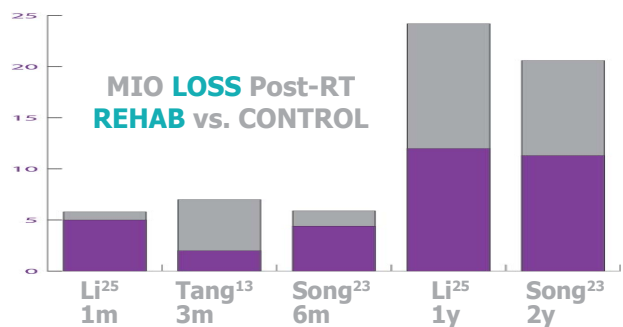
The 3-Finger method accounts for body size, the primary determination of MIO. Normal MIO is about the height of a person's pointer, middle, and ring finger on their **NON-DOMINANT** hand.

Trismus PREVENTION

Reduce **INCIDENCE & SEVERITY** of trismus with rehab.



"**EARLY REHABILITATION** is helpful to **DECREASE** the occurrence of **TRISMUS** in NPC Patients after RT and **IMPROVE** **QUALITY-OF- LIFE**." Li²⁵



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MORE INFO/STUDY ABSTRACTS:

www.CranioRehab.com/Research

PREVENT AND TREAT TRISMUS with a jaw motion rehab system like the **ORASTRETCH PRESS**.



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